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<b>SERIAL NUMBER</b> 10/624,150	<b>FILING OR 371(c) DATE</b> 07/17/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> DI-5828
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/397,268 07/19/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *OK LCS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

10/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Laura Schell LCS</i> Examiner's Signature Initials				

## ADDRESS

29200

## TITLE

Systems and metods for performing peritoneal dialysis

<b>FILING FEE RECEIVED</b> 1812	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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